FAILN	Effe		uary 1, 20		ION HECC	טאט		10/	61	696	8
	CLAIMS A		D - PART (umn 2)	SMAL	LEI		OR	OTHE	R THAN ENTITY
TOTAL CLAIMS			4				RATE		7	RATE	FEE
FOR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FEE 375.00		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS		4	// minus 20=		0		X\$ 9=		OR		
NDEPENDENT CLAIMS .		Li	minus 3 =		6		X42=		OR	Vás	
MULTIPLE DEPE	ENDENT CLAIM	PRESENT				+140=		·	1		
If the difference	e in column 1 is	s less than	zero, enter	10" in	column 2		TOTAL		OR	+280=	70
	CLAIMS AS	AMEND	ED - PART	T II		1017			OR		עזק
	(Column 1)		(Colum	nn 2)	(Column 3)	SMA	LL E	YTITM	OR	OTHER SMALL	
Total	REMAINING - AFTER AMENDMENT		PREVIO PAID F	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	1./5	Minus	-2	0	= /	X\$ 9	-		OR	X\$18=	
5	Independent + / M FIRST PRESENTATION OF MULT				-/	X42:			OR	X84=	
1.		·	EPENDENT	CUMM		+140:			OR	+280=	
In.	/					101	AL		1	TOTAL	
1-12-0	(Column 1)		(Colum	n 21	(Column 3)	ADDIT, FI	EL		OR ,	ADDIT. FEE	
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	RATE	- 1	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
Total	14	Minus	-04	1	= '	X\$ 9=			OR	X\$18=	
Independent FIRST PRESE	ENTATION OF MI	Minus ULTIPLE D	EPENDENT O	CLAIM	*	X42=			OR	X84=	
,						+140=			OR	+280=	
						ADDIT. FE			OR ,	TOTAL ODIT. FEE	
	(Column 1)		(Column		(Column 3)						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA	RATE	•	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
Total Independent	•	Minus	4#		=	X\$ 9=	T		OR	X\$18=	
Independent	•	Minus	284		=	X42=	+		-	X84=	
FIRST PRESE	NTATION OF MI	JLTIPLE D	PENDENT (MIAL			+		OR	704-	
If the entry in eals	mn 1 is less than th	g galar in ca	hims 2 with T)* in colo	ıma 3	+140=			DR	+280=	
" If the "Highest Nu ""If the "Highest Nu	mber Previously Pa imber Previously Pa	id For IN Th aid For IN TI	IIS SPACE is II IIS SPACE is II	ess than	20, enter "20." 3, enter "3."	ADDIT. FEI				TOTAL DDIT. FEE	
The "Highest Nun	nber Previously Paid	d For (Total	or independent	t) is the i	highest number	found in the a	ppro	priate box i	n colu	mn 1. "	

Application or Docket Number

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